


FILED
Apr 19, 2007 8:00 am
Secretary of State

40070242

DOCUMENT # M05000002209

1. Entity Name
VENICE RETIREMENT RESIDENCE LLC



Principal Place of Business
2250 MCGILCHRIST STREET SE
SALEM, OR 97302

Mailing Address
2250 MCGILCHRIST STREET SE
SALEM, OR 97302

2. Principal Place of Business - No P.O. Box #
2250 MCGILCHRIST ST
Suite, Apt. #, etc.

3. Mailing Address
2250 MCGILCHRIST
Suite, Apt. #, etc.

City & State
Salem OR

City & State
Salem OR

Zip
97302

Country
US

Zip
97302

Country
US

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BATY, DANIEL R 3131 ELLIOTT AVENUE, SUITE 500 SEATTLE, WA 98121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRENDEN, NORMAN L 2250 MCGILCHRIST STREET SE SALEM, OR 97302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLSON, WILLIAM E 2250 MCGILCHRIST STREET SE SALEM, OR 97302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THORN, BRUCE D 2250 MCGILCHRIST STREET SE SALEM, OR 97302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2250 MCGILCHRIST ST SE Salem OR 97302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2250 MCGILCHRIST ST SE Salem OR 97302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2250 MCGILCHRIST ST SE Salem OR 97302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] Manager 4/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #